

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Herbert Jennissen, Thomas Zumbrink

Application No.: 09/701,066

Group No.: 1743

Filed: 11/11/2000

Examiner: P. Bex

RECEIVED TO 1700 For: Flow-through Shear Analyser for Biologically Active Molecules in Liquid Layers on Surface

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

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G deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a) G with sufficient postage as first class mail.

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TRANSMISSION

G facsimile transmitted to the Patent and Trademark Office, (703)

Date: 6/3/03



AF IVED

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | (Col. 1) | (Co | ol. 2) | (C | ol. 3) | | SMALL ENTITY | | | | |
|---|-----------|----------|---------|-------|--------|------|--------------|-----------|-----|--------|------|
| | CLAIMS | | | | | | | | | | |
| | REMAINING | | EST NO. | | | | | | | | |
| | AFTER | PREV | OUSLY | PRE | ESENT | | | , | | ADDIT. | |
| | AMENDMENT | PAID FOR | | EXTRA | | RATE | | | FEE | | |
| TOTAL | 26 . | | 32 | = | 0 | х | \$ | 9.00 | = | \$ | 0.00 |
| INDEP. | 4 | | 5 | = | 0 | x | \$ | 42.00 | = | \$ | 0.00 |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM + \$ 0.00 | | | | | | | | | = | \$ | 0.00 |
| | | | | | | | | TOTAL | | | |
| | | | | | | | ΑI | DDIT. FEE | | \$ | 0.00 |

No additional fee for claims is required.

FEE DEFICIENCY

5. An additional extension and/or fee is required, charge Account No. 502191.

An additional fee for claims is required, charge Account No. 502191.

Date: 6/13/03

Robert D. Fish

Registration No. 33880

Rutan & Tucker LLP

611 Anton Blvd., Suite 1400

Costa Mesa, CA 92626

714-641-5100

Customer No. 34284